
Skill Procedures:

Automated External Defibrillator

I. Usage

1. Cardiac arrest secondary to trauma is not treated according to this protocol. In a trauma situation transport should be rapid with CPR. Further definitive care is to be guided by Medical Control.
2. The protocol is to be used by any provider operating on a basic life support unit without ALS equipment (monitor/defibrillator). This protocol outlines the BLS treatment of the adult patient in cardiac arrest of a medical origin.



II. Contraindications



1. Spontaneous pulse and/or respirations.
2. Patient under 8 years of age or less than 25 kilograms.
3. Cardiac arrest secondary to trauma.
4. Fully obstructed airway (see Airway Obstruction Protocol, C1).
5. Hazardous environments (i.e., flammable gas environment, water, etc.).

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III. Procedural Protocols

1. Confirm cardiopulmonary arrest.
2. Application of the AED should be the highest priority in treating patients in cardiopulmonary arrest. Begin CPR while the EMT readies the AED. CPR should be initiated if the AED is not immediately available or is malfunctioning.
3. Activate the AED immediately upon reaching the patient and communicate the necessary information into the voice recorder. This information will include:
 - A. The AED operator's name, company, or unit.
 - B. A brief description of the immediate incident (down time, age, sex, pertinent history).
 - C. When CPR starts and stops.
 - D. All persons are clear of the patient before delivering shocks.
 - E. Results of pulse checks.
4. Analyze with the AED until three shocks have been delivered or you receive the message "check pulse".
 - A. If patient remains pulseless after 3 shocks, do CPR for 1 minute and repeat one set of 3 shocks.
 - B. If patient regains pulses, support respirations as needed and recheck pulse and blood pressure at 1 minute intervals.

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III. Procedural Protocols (continued)

5. Move patient to unit.
 - A. If the ETA of the ALS unit is greater than transport time to closest receiving facility, transport patient. During transport:
 - i. If patient remains in cardiopulmonary arrest, perform CPR and transport.
 - ii. If patient was successfully defibrillated and re-arrests, stop vehicle and refer to Section 4, then continue transport upon completion of defibrillation efforts.
 - B. If the ETA of the ALS unit is less than transport time to closest receiving facility, continue CPR until advanced life support arrival. At one minute intervals, repeat Section 4.
6. If you receive the message "check pulse" at any time during the resuscitative effort:
 - A. Check pulse
 - i. If pulseless, do CPR for 1 minute and re-analyze.
 - ii. If patient has a pulse support respirations as needed, recheck pulse and blood pressure at 1 minute intervals and refer to Section 5.
7. If patient is successfully defibrillated and re-arrests at any time, refer to Procedural Protocols Section 4.

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IV. Advanced Life Support Interface

1. When ALS unit arrives the paramedic should interface with the AED as follows.
 - A. Proceed with applicable protocol, taking into account the number of times the patient has already been shocked.
 - B. Utilize the monitor/defibrillator in place of the AED.
 - C. If the AED is in the process of analyzing the rhythm, allow the AED to finish analyzing the rhythm before disconnecting the AED.
 - D. If the AED is in the process of delivering a series of shocks, continue with the series of 3 shocks before disconnecting the AED.

V. DC Fire & EMS Reporting Requirements

1. Upon completion of the incident, it is mandatory that the AED data be downloaded from the AED and exported to the server.
2. Copies of all incident reports are to be forwarded to the EMS-CQI by the end of the shift.